



HOUSE LEAGUE - COACHING APPLICATION 2021/2022

Name

Address Postal Code

City Home Phone

E-mail Cell Phone

Player's Name Player's DOB

COACHING INFORMATION - please attach a copy of your certification(s), VSS and Respect In Sports certificate with your application (only if not already on file). Leave the field blank if you don't currently have the required credentials but please note they must be obtained by no later than October 1st.

Division Requested

Do you have a child on this team? Yes No

National Coaching Certification Program # Level Date

Respect In Sports # Police Vulnerable Sector Check? Yes I am familiar with the league's fair play policy No Yes No

HTCP (Trainer's Certification) Gender Identity and Expression Course

Coaching Experience Number of years coaching in the NCMHA

Team/Association

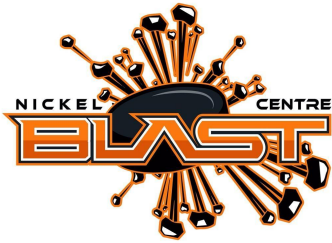
Position Dates

Team/Association

Position Dates

Team/Association

Position Dates



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References

Name:	<input type="text"/>	e-mail or phone:	<input type="text"/>
Name:	<input type="text"/>	e-mail or phone:	<input type="text"/>
Name:	<input type="text"/>	e-mail or phone:	<input type="text"/>

I understand that completing a Coaching Application with the Nickel Centre Minor Hockey Association does not ultimately guarantee me a coaching position with the Nickel Centre Minor Hockey Association.

I authorize Nickel City Minor Hockey Association to collect personal information appropriate to the position applied for by verifying the character references I have supplied.

I also understand that in order for my application to be considered, I must submit a criminal reference check, unless already on file with NCMHA. If expired, a new criminal reference check must be submitted.

I understand that the information obtained will be confidential but may be shared with relevant organizations in order to obtain an appropriate volunteer position.

I hereby certify the above information to be true and correct.

I understand all that is written here and agree to abide by the Association rules and regulations.

Name	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>		

Application Due Date: September 17, 2021

EMAIL **ncmha.vicepresident@gmail.com**

MAIL **PO Box 539 Garson Ontario P3L 1S6**

****Please note that incomplete applications will not be accepted****